



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Parkway, Suite 100
Carson City, NV 89706
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

TERRY JOHNSON
Director

APPLICATION FOR CHANGE OF CONTROL
(Mortgage Broker, Mortgage Banker, Escrow Agency, Loan Modification Consultant,
Foreclosure Consultant and Covered Service Provider - Independent Licensee)

Mail to the Division of Mortgage Lending at the above address.

Pursuant to NRS 645B.095, NRS 645E.390, NRS 645A.085(2) and Sec. 68 of R052-09, mortgage brokers, mortgage bankers, escrow companies, loan modification consultants, foreclosure consultants and covered service providers (independent licensees) ("independent licensees") are required to apply to the Commissioner of the Division of Mortgage Lending for approval of a change of control when a transfer of voting stock results in giving a person/entity, directly or indirectly, the power to direct the management and policy of a mortgage broker, mortgage banker, escrow company or independent licensee, or a transfer of at least 25% of the outstanding voting stock of a mortgage broker, mortgage banker, escrow company or independent licensee occurs. Pursuant to NAC 645B.057, NAC 645E.315, NRS 645A.085 and Sec. 69 of R052-09, the application for a change of control must be submitted to the Commissioner not later than 30 days before the proposed change. This form is being submitted in connection with an application for a change of control of a (check a box):

- ☐ Mortgage Broker
☐ Mortgage Banker
☐ Escrow Company
☐ Loan Modification Consultant (Independent Licensee)
☐ Foreclosure Consultant (Independent Licensee)
☐ Covered Service Provider (Independent Licensee)

THE ACQUIRING PERSON/ENTITY MUST COMPLETE THE FOLLOWING:

Corporate Name: _____

DBA name, if any: _____

Nevada Office Address: _____

Street Address

NV

City

State

Zip

E-mail address for all correspondence: _____

Qualified Employee: _____

Telephone No.: _____ Fax No.: _____

Person completing this form: _____

Telephone No. (If different than above): _____

Fax No. (If different than above): _____

Do you maintain any client trust accounts pursuant to **NRS 645B.175? ☐ Yes ☐ No

**Investor funds deposited directly with the broker, or funds related to third-party servicing of loans made by the broker; doesn't include fees for appraisal, credit, or other third-party costs.

Do you arrange any private investor loans? ☐ Yes ☐ No

Do you maintain any client trust accounts pursuant to Sec. 3.3 of Assembly Bill No. 152 of the 75th Session of the Nevada Legislature? ☐ Yes ☐ No

Name(s) Of Owner(s)	Percentage Of Interest Held (Must Total 100%)	Will The Owner Originate Loans Under The Nevada License?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Required Items:

- ☐ Copy of Buy/Sell Agreement.
- ☐ Non-Personal History Record on behalf of the acquiring person/entity.
- ☐ Last two years financial statements on the acquiring person/entity.
- ☐ All owners of the acquiring entity who will conduct residential mortgage activity in Nevada on behalf of the licensed entity or directly supervise persons conducting residential mortgage activity, such as a qualified employee, must submit an Application for Mortgage Agent License and Checklist to the NMLS.
- ☐ **\$500.00** non-refundable application fee for mortgage broker, mortgage banker and escrow company; or
- ☐ **\$250.00** non-refundable application fee for loan modification consultant, foreclosure consultant or covered service provider (independent licensee). (Make check payable to "Division of Mortgage Lending.")
- ☐ Copy of Organizational Chart after Change of Control occurs.

2. Qualified Employee must submit:

- ☐ Designation of Qualified Employee Form.
- ☐ If the designated qualified employee is not the current qualified employee, then the designated qualified employee must submit an Application for Mortgage Agent License and Checklist.

3. All owners of the company, each person who has the power to direct management and policy of the company and the qualified employee must submit:

- ☐ Child Support Statement (Pursuant to NRS 645A.025, NRS 645B.023, NRS 645B.420, NRS 645E.210 and Sec. 21 of R052-09, required regardless of any support obligations.)
- ☐ Two completed fingerprint cards. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- ☐ Personal History Record (including an explanation of "Yes" answers) completed, signed and notarized.
- ☐ Personal Financial Questionnaire.

Attach additional pages as necessary.

I, the undersigned, state that I am authorized to sign the within Application for Change of Control on behalf of the applicant named herein; that I have read and signed said Application for Change of Control and know the contents thereof, and that the statements made therein are true. By signing below, I represent that I have personally completed this Application for Change of Control and verified the information contained herein.

APPLICANT'S SIGNATURE:

Name of Mortgage Banker, Mortgage Broker, Escrow Company or Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee):

By: _____
Authorized Signatory (Owner)

Name (print or type)

Date

Subscribed and sworn to before me this _____ day of _____, 20____

Notary public in and for the County of _____, State of _____

My commission expires _____

Notary Signature _____

Notary Seal

BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
400 W. King Street, Suite 101
Carson City, NV 89703
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

TERRY JOHNSON
Director

CHILD SUPPORT STATEMENT

You are required to complete this Child Support Statement and return it with your application. **Failure to submit a fully completed and signed Child Support Statement will result in the application for licensing being denied.** (NRS 425.520, 645A.025, 645B.023, 645B.420, 645E.210 and Sec. 21 of R052-09)

Please check one box:

- ☐ I am **not** subject to a court order for the support of a child.
- ☐ I **am** subject to a court order for the support of one or more children and **am in compliance** with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I **am** subject to a court order for the support of one or more children and **am not in compliance** with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Full Legal Name (printed)

Social Security Number

Signature of Applicant

Date

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TERRY JOHNSON
Director

PERSONAL HISTORY RECORD
(Submit For Natural Persons)

This Personal History Record (Submit For Natural Persons) is to be completed by each natural person who owns a 25% or more interest in the company, each person who has the power to direct the management and policy of the company and the proposed qualified employee. Please indicate the natural person for whom this form is being submitted:

- ☐ Person who owns a 25% or more interest in the company
☐ Person who has the power to direct the management and policy of the company
☐ Proposed qualified employee

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. However, attachments are only permitted if additional space is needed. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11" paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial and/or revocation of a license.

Full Legal Name: _____
First Middle Last

Residence Address: _____
Address City State Zip

Residence Phone: _____ Business Phone: _____ Cell: _____

Gender: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Birthdate: _____ Birthplace: _____

Social Security No.: _____ Driver's License No.: _____

State of Driver's License Issuance: _____

Name and address of the company for which licensing affiliation is requested:

Name of Company

Address of Company: _____
Street Address

City State Zip

1. Residential Addresses For The **Last 5 Years** (beginning with the most recent). (If additional space is required, use the Explanation Form. All “gaps” in residential address information must be explained.)

From	To	Street	City	State	Zip
	Present				

Note: Attach separate sheet if additional space is needed.

Are you a citizen of the United States? Yes ____ No ____

If no, Registration No.: _____

If naturalized, Certificate No.: _____ Date: _____

If you are not a citizen of the United States, or if you are not naturalized, provide documentation evidencing your eligibility to work in the United States. (Submit copy of resident alien card.)

List of other names known by, such as maiden name, nickname, etc.

2. Employment (If additional space is required, use the Explanation Form. All lapses of time must be explained.) Beginning with your current employment, list your work history, all businesses with which you have been involved and/or periods of unemployment for the **last 5 years**. List all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

From	To	Employer Name and Address	Job Title and Duties Performed
	Present		

Note: Attach separate sheet if additional space is needed.

3. Disclosure Items

You are **required** to provide an explanation for ‘yes’ answers to the questions below. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION**

- a. Have you ***ever*** been charged, arrested, convicted of, or pled guilty or nolo contendere (“no contest”) to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in your response.

☐ Yes ☐ No

If the answer is “Yes,” please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

- b. Have you ***ever*** had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- c. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) *ever* had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

☐ Yes ☐ No

If the answer is "Yes," give details:

- d. Have you within the past 10 years made a compromise with creditors, filed a personal bankruptcy petition or been the subject of a voluntary or involuntary bankruptcy petition for an organization while you exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

☐ Yes ☐ No

If the answer is "Yes," give details:

- e. Has a bonding company *ever* denied, paid out on, or revoked a bond for you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control?

☐ Yes ☐ No

If the answer is "Yes," give details:

- f. Do you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control have any unsatisfied judgments or liens?

☐ Yes ☐ No

If the answer is "Yes," give details:

- g. Do you have a relative that is or has been associated with the mortgage industry in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

☐ Yes ☐ No

If the answer is "Yes," give details:

- h. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control had a civil or criminal record expunged or sealed by a court order?

☐ Yes ☐ No

If the answer is "Yes," give details:

- i. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control been a party to any past or present civil litigation?

☐ Yes ☐ No

If the answer is "Yes," give details:

- j. Within the last 12 months, have you been past due on financial obligations which total more than \$3,000.00?

☐ Yes ☐ No

If the answer is "Yes," give details:

- k. Are you subject to any pending regulatory action in the State of Nevada or any other state?

☐ Yes ☐ No

If the answer is "Yes," give details:

- l. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?

☐ Yes ☐ No

If the answer is "Yes," give details:

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

Question Number	Explanation

**BACKGROUND CHECK AUTHORIZATION, RELEASE
AND AGREEMENT TO INDEMNIFY**

By my signature below, I hereby give to the State of Nevada, its directors, officers, employees, agents and representatives (collectively, "the State"), my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Commissioner of the Division of Mortgage Lending ("the Division"), in his sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Division a complete set of fingerprints which the Division will forward to the Department of Public Safety for processing and submission to the Federal Bureau of Investigation for its report.

I have filed with the Division an "application" under Chapter 645A, B, E or F of the Nevada Revised Statutes ("NRS") and regulations promulgated thereunder to be licensed or request for approval as a mortgage banker, mortgage broker, mortgage agent, loan modification consultant, foreclosure consultant, covered service provider, escrow agency, escrow agent, qualified employee or key officer/director/majority owner, as applicable. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other action or financial loss which may result from action with respect to this application.

I do, for myself, my spouse, heirs, executors, administrators, successors and assigns, hereby irrevocably and unconditionally release, remise and forever discharge the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against any and all claims, causes of action, damages, demands, debts, judgments, liens, rights, suits, controversies, losses, costs and expenses (including, but not limited to, attorney's fees and costs) (collectively, "claims") of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, in law or equity, which I ever had, now have, may have, or claim to have, arising out of, or in connection with, the within application.

I agree to indemnify and hold harmless the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against all claims, damages, losses and expenses (including attorney's fees and costs) arising out of or in connection with the within application.

I, the undersigned, state that I am the person named in the within application; that I have read and signed the application, including the Personal History Record, and know the contents thereof, and that the statements made therein are true. By signing below, I represent that I have personally completed the application and all supporting documents that accompany it and I have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

APPLICANT'S SIGNATURE: _____ Signature _____ Name (print or type) _____ Date	Subscribed and sworn to before me this _____ day of _____, 20____ Notary public in and for the County of _____, State of _____. My commission expires _____. Notary Signature _____ Notary Seal
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Governor

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TERRY JOHNSON
Director

NON-PERSONAL HISTORY RECORD
(Submit For Other Than Natural Persons)

This Non-Personal History Record (Submit For Other Than Natural Persons) ("Non-Personal History Record") is to be completed by the applicant/company and each non-natural person/entity that owns a 25% or more interest in the applicant. Natural person owners must complete a Personal History Record. Please indicate for whom this form is being submitted:

- ☐ Applicant/company
☐ Non-natural person/entity that owns a 25% or more interest in the applicant/company

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11" paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Non-Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial and/or revocation of a license.

Name of Applicant: _____

List any dba's of the applicant if not the corporate name: _____

Applicant's Principal Place of Business:

Street Address

City

State

Zip

Telephone No.: _____ E-Mail: _____

(Mandatory)

Taxpayer Identification No.: _____

1. If the applicant is a corporation, provide a copy of the by-laws and a current Certificate of Good Standing from the state of incorporation.

2. Please complete the following:

Names of All Owners of Applicant/Company	Percentage of Interest Held (Must Equal 100%)	Will Owner Engage in Activities as a Residential Mortgage Loan Originator or Supervise a Mortgage Agent Who Engages in Activities as a Residential Mortgage Loan Originator? (If yes, must submit education information)
1.	_____ %	_____ Yes _____ No
2.	_____ %	_____ Yes _____ No
3.	_____ %	_____ Yes _____ No
4.	_____ %	_____ Yes _____ No

For each individual listed above, a Personal History Record, Child Support Statement and two completed fingerprint cards must be submitted. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION**

3. Arrests, Detentions, Litigation and Disclosure Items

An explanation for 'yes' answers is **required**. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION**

- a. Has any owner, officer or director of the applicant ***ever*** been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in his response.

[] Yes [] No

If the answer is "Yes," please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

- b. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control **ever** had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

☐ Yes ☐ No

If the answer is "Yes," give details:

- c. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control **ever** had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

☐ Yes ☐ No

If the answer is "Yes," give details:

- d. Has the applicant within the past 10 years made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition for an organization while the applicant exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

☐ Yes ☐ No

If the answer is "Yes," give details:

- e. Has a bonding company **ever** denied, paid out on, or revoked a bond for the applicant or any company in which the applicant is or has ever been an owner or over which the applicant has exercised control?

☐ Yes ☐ No

If the answer is "Yes," give details:

- f. Does the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control have any unsatisfied judgments or liens?

☐ Yes ☐ No

If the answer is "Yes," give details:

- g. Does any owner, officer or director of the applicant have a relative who is or has been associated with the mortgage industry in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

☐ Yes ☐ No

If the answer is "Yes," give details:

- h. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control had a civil or criminal record expunged or sealed by a court order?

☐ Yes ☐ No

If the answer is "Yes," give details:

- i. Has the applicant or any company in which the applicant ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control been a party to any past or present civil litigation?

☐ Yes ☐ No

If the answer is "Yes," give details:

- j. Is the applicant subject to any pending regulatory action in the State of Nevada or any other state?

☐ Yes ☐ No

If the answer is "Yes," give details:

- k. Is the applicant subject to any pending actions that could result in a 'yes' answer to any of the above questions?

☐ Yes ☐ No

If the answer is "Yes," give details:

- l. Is the applicant a HUD-approved mortgage broker?

☐ Yes ☐ No

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.)
Copies of this page can be made if more space is needed.

Question Number	Explanation

I, the undersigned, state that I am authorized to sign the within Non-Personal History Record on behalf of the applicant named herein; that I have read and signed this Non-Personal History Record and know the contents thereof and that the statements made therein are true. By signing below, I represent that I personally have completed this Non-Personal History Record and verified the information contained herein.

APPLICANT'S SIGNATURE:

Name of Applicant: _____

By: _____
Authorized Signatory (Owner)

Name (print or type)

Title

Date

Or:

**NON-NATURAL PERSON/ENTITY OWNING 25% OR MORE INTEREST IN THE
APPLICANT/COMPANY:**

Name of Entity: _____

By: _____
Authorized Signatory

Name (print or type)

Title

Date

Subscribed and sworn to before me this ____ day of _____, 20____

Notary public in and for the County of _____, State of

My commission expires _____

Notary Signature _____

Notary Seal



BRIAN SANDOVAL
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STATE OF NEVADA
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TERRY JOHNSON
Director

PERSONAL FINANCIAL QUESTIONNAIRE

Mail to: Division of Mortgage Lending
400 W. King Street, Suite 101
Carson City, NV 89703

A Personal Financial Questionnaire is to be completed by each natural person who owns a 25% or more interest in the company, each person who has the power to direct the management and policy of the company and the proposed qualified employee. Please indicate the natural person for whom this form is being submitted:

- ☐ Person who owns a 25% or more interest in the company
☐ Person who has the power to direct the management and policy of the company
☐ Proposed qualified employee

This form is not made part of the public record of the application. Financial statements submitted pursuant to NAC 645A.040, NRS 645B.085, NRS 645E.360 and Sec. 74 and 75 of R052-09 are public information.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8-1/2 x 11" paper. White-outs and/or correction tape is/are not permitted.

Name of person completing this document: _____			
First	Middle	Last	
Name of entity for which licensing affiliation is requested: _____ _____			
Address of Principal Place of Business in Nevada: _____			
City		Street Address NV	State Zip
Telephone No.: _____		Fax No.: _____	
E-Mail: _____ (Mandatory)			

STATEMENT OF ASSETS

As Of _____ (Insert Date)

	<u>Balance</u>
Cash on Hand.....	\$ _____
Checking Account.....	\$ _____
Checking Account.....	\$ _____
Savings Account.....	\$ _____
Money Market Account.....	\$ _____
Investments: Stocks, Bonds, etc.....	\$ _____
Description: _____	
Accounts and Notes Receivable	\$ _____
Description: _____	
Other Current Assets.....	\$ _____
Description: _____	
Real Estate	\$ _____
Description: _____	
Description: _____	
Description: _____	
Fixed Assets, except Auto (less depreciation).....	\$ _____
Description: _____	
Other Assets (automobiles, personal property, etc.).....	\$ _____
Description: _____	
TOTAL ASSETS:	\$ _____

Name and address for each depository must be listed. Please use an additional sheet if necessary.

STATEMENT OF LIABILITIES
Current Liabilities

	<u>Balance</u>
Accounts Payable (credit cards, etc.).....	
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____
Notes Payable, Mtg & Auto Loans (list each lender separately)	
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Taxes Payable.....	\$ _____
Other Liabilities.....	\$ _____
Description: _____	
Other Liabilities.....	\$ _____
Description: _____	
Other Liabilities.....	\$ _____
Description: _____	
TOTAL LIABILITIES:	\$ _____
NET WORTH (Total Assets Minus Total Liabilities).....	\$ _____

Amount to be invested in business.....	\$ _____
Percentage of ownership represented by investment.....	\$ _____

Please explain any liabilities that may be shown on your credit report that are not listed on this page.
Please use an additional sheet if necessary.

I, the undersigned, state that I am authorized to sign the within Personal Financial Questionnaire; that I have read and signed this Personal Financial Questionnaire and know the contents thereof and attest that the statements made therein are true. By signing below, I represent that I have personally completed this Personal Financial Questionnaire and verified the information contained herein. The Division reserves the right to request verification of any representations made on this form.

Further, I understand that this Personal Financial Questionnaire is an official document and misrepresentations or the failure to disclose information requested may be deemed sufficient cause for the denial of a license. I am aware that the later discovery of an omission or misrepresentation made in this Personal Financial Questionnaire may be grounds for the revocation of a license.

Signature: _____

Name (print or type)

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary public in and for the County of _____, State of

My commission expires _____

Notary Signature _____

Notary Seal



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TERRY JOHNSON
Director

DESIGNATION OF QUALIFIED EMPLOYEE

(Use This Form For Initial License Submissions
And For Any Subsequent Changes in the QE)

Mail to: Division of Mortgage Lending
400 W. King Street, Suite 101
Carson City, NV 89703

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for designation as the qualified employee for a mortgage broker, mortgage banker, loan modification consultant, foreclosure consultant or covered service provider (independent licensee).

Qualified Employee Information:

Name: _____				
_____	_____	_____	_____	
First		Middle	Last	
Home Address: _____				
_____	_____	_____	_____	_____
Street		City	State	Zip
Social Security No.: _____		Telephone No.: _____		
Is the proposed qualified employee an owner of the applicant/company? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Mortgage Broker, Mortgage Banker, Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) Information: (Indicate the office location at which the QE will work)

Mortgage Broker, Mortgage Banker, Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) Name: _____				
License No.: _____				
Address: _____				
_____	_____	_____	_____	_____
Street		City	State	Zip
Telephone No.: _____		E-Mail: _____		
(Must be a Local Land Line)		(Mandatory)		
Fax No.: _____				

Required Items – Proposed Qualified Employee - Checklist:

(Forms available on the Division's website, mld.nv.gov)

- ☐ Child Support Statement completed by the proposed QE. (Required for all submissions regardless of any support obligations.)
- ☐ Personal History Record (including an explanation of "Yes" answers) completed and signed by the proposed QE and notarized.
- ☐ Two fingerprint cards completed by the proposed QE. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- ☐ Evidence of at least 2 years of verifiable experience in lending money for real estate or mortgages within the immediately preceding 5 years. Proof may consist of W-2's or 1099 forms and letters from current and prior employers.
- ☐ If the applicant is seeking approval as a qualified employee of a mortgage broker or mortgage banker, evidence of completion of 30 hours of certified courses of pre-licensing education and evidence of passing the Nevada state component and national component of the NMLS test.

The 30 hours of pre-licensing education must include:

- 3 hours of ethics, which shall include instruction on fraud, consumer protection and fair lending issues
- 3 hours of federal law and regulations relating to mortgage lending
- 2 hours of training related to lending standards for the non-traditional mortgage product marketplace
- 4 hours of Nevada law and regulations relating to mortgage lending and
- 18 hours of electives

- ☐ If the designated qualified employee is not the current qualified employee, then the designated qualified employee must submit an Application for Mortgage Agent License and Checklist.
- ☐ If the applicant is seeking approval as a qualified employee of a:
 - Covered service provider, evidence of completion of 25 hours of instruction (live or on-line).
 - Foreclosure consultant, evidence of completion of 20 hours of instruction (live or on-line).
 - Loan modification consultant, evidence of completion of 15 hours of instruction (live or on-line).

The 25, 20 and 15 hours of instruction, respectively, must include, at a minimum:

- 3 hours of professional ethics, which must include instruction on fraud, consumer protection and fair lending issues;
- 6 hours of federal laws and regulations relating to mortgage lending, which must include not less than 2 hours regarding the Real Estate Settlement Procedures Act ("RESPA"), 2 hours regarding the Truth-in-Lending Act ("TILA"), and 2 hours regarding other federal laws and regulations, including information related to the tax consequences of loan modification or foreclosure and federal programs designed to assist homeowners facing foreclosure; and
- 4 hours of Nevada laws and regulations relating to mortgages, at least 2 hours of which must be related to Chapter 645F of NRS and Chapter 645F of NAC.

- ☐ Applications will not be processed if the applicant has failed to pay all fees, assessments and/or fines owed.

I declare under penalty of perjury that I have read the foregoing and it is true to the best of my knowledge and belief.

Signature of Proposed Qualified Employee: _____

Print Name of Proposed Qualified Employee: _____

Signature of Principal Officer: _____

Print Name of Principal Officer: _____

Date: _____

Original or “wet” signatures required.